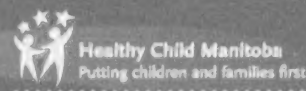


A Guide to the Inclusion Support Program

Manitoba Early Learning and Child Care

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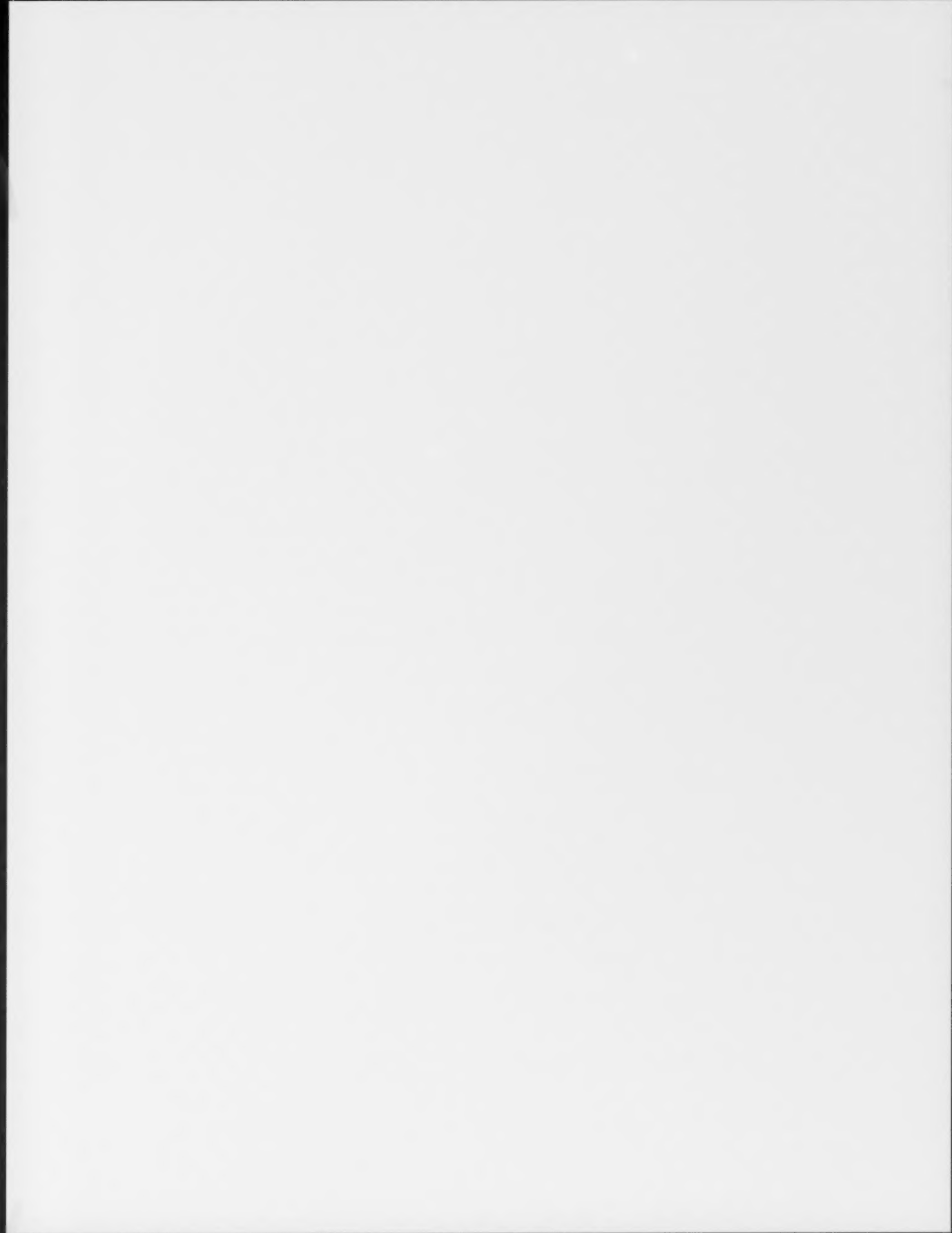


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Background

The Inclusion Support Program helps child care centres, nursery schools, family and group child care homes to reduce or eliminate barriers, allowing a child with additional support needs to meaningfully participate in programming. The program, formerly called the Children with Disabilities Program, began in the 1980s and demonstrates Manitoba's continuing commitment to help child care facilities include children with additional support needs.

In 2009, new regulations for inclusive child care were put in place. Child care facilities must provide inclusive programming and ensure individual program plans are in place for children with additional support needs. Facilities must also have an inclusion policy.

Note: This guide uses the term "child care facility" or "facility" to describe child care centres, nursery schools and family and group child care homes.

*A child with **additional support needs** is a child who has a physical or cognitive disability or a behavioural or emotional issue; and needs additional accommodation or support to meaningfully participate in the program at the child care facility.*

Inclusion

What is Inclusion?

Inclusion means children of all abilities have equal access to and participate meaningfully in child care programs. When children are together as part of the group, their development is enhanced and positive social attitudes are fostered.

In a high quality, inclusive program the centre staff or family child care provider is responsive to the individual abilities and needs of each child. Opportunities are provided for all children to learn through play with their peers, supported by knowledgeable staff or provider.

All children need support to reduce or eliminate barriers so they can learn and fully engage in experiences with their peers. Adaptations and strategies are specific to each child. For example, staff can make paint brush handles thicker with masking tape so they are easier to manipulate, modify a chair to fit a specific child to sit at the snack table or change a routine to make transitions more positive. Occasionally, additional staff are required as part of a strategy to include every child.

Genuine inclusion is more than just a child's presence. It ensures active, meaningful participation by every child in the daily program and with one another. How this occurs will be different for each child, based on individual abilities and needs. All children should be valued, have friends and feel they belong.

The Benefits of Inclusion

When all children are meaningfully included, everyone benefits.

Benefits for children:

- better understanding and appreciation of individual differences
- acceptance and respect for and from others
- learning with and from one another
- more opportunities for socialization with peers
- preparation for full participation in the community, including the transition to school

Benefits for families:

- access to child care
- ability to go to school and get or keep a job
- better understanding and appreciation of individual differences
- learning with and from other families and professionals in the field of early childhood

Benefits for child care centre staff or family child care providers:

- better understanding and appreciation of individual differences
- learning with and from all of the children and adults
- strengthening skills by working with a variety of abilities

Inclusive Practice

All staff and the provider should be aware of each child's developmental goals and the support needed to achieve them. Goals are written in the child's Individual Program Plan (IPP) and should be incorporated into the daily program. The staff or the provider is responsible for meeting the needs of all children in their care. For example: during group time, an early childhood educator can give a child an athletic ball to sit and bounce on. This satisfies the child's need for motion and the IPP goal of socialization by allowing the child to watch, listen and respond.

Inclusive practice meets IPP goals most effectively when:

- all children, including children with additional support needs, are valued, active participants in group social play and in all of the program's experiences and routines
- positive attitudes are demonstrated by the staff or the provider when making changes to accommodate all children
- all staff or the provider are aware of the goals of children's IPPs and supporting them in everyday activities
- staff or the provider work as a team with parents and other professionals to develop, carry out and review IPPs for children with additional support needs
- staff or the provider pursue specific training in inclusive practice

Family Centred Practice

Family centred practice means that the desires of the child's family are taken into account. There is acknowledgement and respect for the priorities the family has for their child. The family is encouraged and supported to make decisions about early intervention options.

Family centred practice involves all supporting partners with the child and the child's family. This helps ensure that supports are provided in a well co-ordinated way. Families and professionals all bring strengths and resources to the working relationship. Through trust, respect and good communication, parents and professionals work together to set goals and plan supports.

Inclusion Support Program

The goal of the Inclusion Support Program is to help children with additional support needs participate in a child care facility. This encourages better outcomes for all Manitoba children and families. The Inclusion Support Program may provide grants to help licensed non-profit child care centres, nursery schools, family and group child care homes pay for additional supports. Grants received depend on assessed need and the resources available.

Staffing Grant

An inclusion support staffing grant pays the cost of additional staff. **Facilities must get approval from their child care co-ordinator before hiring additional staff.**

Facilities must monitor the attendance of all children supported by Inclusion Support Program funding and immediately report differences or changes to the approved amount to their co-ordinator. Facilities must immediately advise their co-ordinator when a child permanently withdraws from the facility or is away for an extended period of time.

All staff work as a team to meet the needs of all the children in their care. When an additional staff is needed to meet a child's needs, facilities should consider assigning an existing staff person with the knowledge, skills and abilities to facilitate inclusion. The facility can use the staffing grant to pay for a new employee to maintain staff-child ratio requirements.

Staffing Grant Approval

The initial request for funding, and any requested changes to funding, by a child care facility must include:

- the Staffing Grant Application (available from the co-ordinator or regional/area office)
- the facility's salary scale indicating where the additional staff person will be placed on the scale (centres and nursery schools only)

The terms and conditions of the position should be outlined by the facility in the letter of employment or in a written contract to the successful candidate at the time of hiring. A staff member hired under this grant should be considered a contract employee. The terms and conditions may change over the course of the child's enrolment, so it is recommended that a new letter of employment or written contract be issued when there are significant changes to the position.

When the facility submits the Staffing Grant Application, the hourly wage and benefits requested must be the actual cost. A copy of the facility's salary scale must be included with the application. The wage has to be consistent with the scale and the staff member's qualifications, training and related experience. The facility should request benefits of at least 11.89 per cent to cover the centre's portion of Employment Insurance, Canada Pension Plan, Workers Compensation and four per cent vacation pay. If a facility requests benefits over 15 per cent, a breakdown of employee benefit costs must accompany the application.

Family or Group Child Care Homes

Family or group child care homes follow the same approval and funding request process outlined above, except for determining the salary for the additional staff person. The salary is determined together with the co-ordinator and depends on the qualifications, training and experience of the person hired.

Transfers

If a child transfers to another facility, the co-ordinator will review the available resources for the child. The co-ordinator will then decide the grant amount for the new placement, if required at all. Approved funding is then transferred to the new facility.

Staffing Grant Payment

The completed Staffing Grant Payment Form must be sent to the co-ordinator no later than 10 working days after the end of each billing period. If not, payment may not be provided. The payment request must be less than, or equal to, the amounts on the Staffing Grant Approval Form. No additional amounts will be paid. If approved hours, wages or benefits change, the facility must submit a new staffing grant payment form. Should unexpected circumstances cause late submissions, the facility must contact the co-ordinator immediately. Original documents must be sent. Faxes and photocopies will not be accepted.

The facility must list the names of the children and their actual attendance on each Staffing Grant Payment Form. If a child enrolls, withdraws or transfers, the date must be noted on the form.

Guaranteed Space Payment

Family and Group Child Care Homes only

The Guaranteed Space Payment pays a family or group child care home provider to keep an open space within the total number of licensed spaces. **The provider must ensure that one space within the same age category remains unused while receiving the Guaranteed Space Payment.** For example, a provider licensed for up to eight children could enroll only a maximum of seven children, when receiving the Guaranteed Space Payment. The purpose of the grant is to give the provider more time to spend with the child with additional support needs.

Prior approval is required before funding begins. A Guaranteed Space Payment Application is available from the co-ordinator. The provider must submit the completed form to the co-ordinator for the initial application, for any requested funding changes, and for annual review.

Specialized Grant

This grant provides funds to the child care facility to help pay for specialized equipment or training needed to ensure the meaningful participation of a child with additional support needs in the program.

Referral

To access Inclusion Support Program grants, you must have a referral. Referrals may come from, but are not limited to Children's disABILITY Services (CdS), Society for Manitobans with Disabilities (SMD), Child and Family Services (CFS), Specialized Services for Children and Youth (SSCY), Child Guidance Clinic (CGC), Child Development Clinic (CDC), and the behaviour specialist. The child care facility cannot make the referral.

Referral Intake Application

A referral is made using the Children's Programs Referral Intake Application. This form is available from regional or area offices. The referral source (listed above) and the child's parents or guardians complete the intake form.

A diagnostic assessment must accompany the Children's Program's Referral Intake Application. This assessment is completed by a qualified professional using a standardized tool. For preschool children, the child's physician, therapist, public health nurse or children's special services usually makes a referral to the Child Development Clinic for the diagnostic assessment. At other times, the referral source can complete the diagnostic assessment. For school age children, the diagnostic assessment is usually completed by the school division's clinical services.

After the regional or area office receives the Intake Application with the diagnostic assessment, the child's eligibility is determined. Although a child may be eligible, funding will be determined, based on all of the information available. Existing resources in the child care facility are reviewed by the co-ordinator. The amount of funding approved will depend on the needs of both the child and those of the facility the child will be attending. Recommendations are considered and the final decision for funding under the Inclusion Support Program is made by the co-ordinator and supervisor or manager.

Unified Referral Intake Service (URIS)

Unified Referral Intake Service (URIS), Manitoba Early Learning and Child Care (MELCC) and Children's disABILITY Services (CdS) have developed a process for identifying and providing funding to support children in child care facilities who require health care interventions.

Two types of funding may be available to help eligible child care facilities:

1. Funds are provided to hire a registered nurse to provide complex health care intervention (Group A). In most cases, CSS will act as the referral source.
2. Funds are provided to train child care providers to perform simpler health care interventions (Group B).

Child care facilities are responsible for ensuring that URIS Group B applications are submitted annually to renew health care plans. For more information about URIS, call Child Care Information Services at 204-945-0776; or toll free 1-888-213-4754; or the child care co-ordinator for your area.

Child Care Subsidy Application

Subsidies are available to help parents pay for child care services. Parents must qualify, based on income and reason for service. **This is separate from the Inclusion Support Program Intake Application process.** Please contact Provincial Services, Subsidy Information Services at 204-945-0286; or toll free at 1-877-587-6224; or visit www.manitoba.ca/childcare for more information.

A Child and Family Services social worker will complete subsidy applications for children who are in foster care or are wards of the province.

Developing the Team

The Inclusion Support Program is based on teamwork and collaboration. The child and family are at the centre of the team because a family's understanding of their child is key to the work of the team. Every team member has an important role to play in supporting the child's growth and development. Each member has expertise in a specific area. Communication lines and methods should be discussed and established. This will help to celebrate successes and address concerns.

The team members can include, but are not limited to:

- parents or guardians
- a child care facility representative
- the child care co-ordinator
- a child development counsellor
- therapists
- a family services worker
- the case manager

The responsibilities of the team are shared by every team member, but the case manager takes the lead.

Case Management

The family works with the referral source and other team members to choose the case manager. The family can be the case manager, or the case manager may be the:

- family services worker from Children's disABILITY Services (CdS)
- service co-ordinator from Society for Manitobans with Disabilities (SMD)
- social worker from Child and Family Services (CFS) where the child is a ward of CFS; when necessary, the CFS Social Worker will work with CSS or SMD
- another team member willing to co-ordinate services for the family

The case manager is the co-ordinator of services for the family. The case manager will:

- organize meetings
- chair team meetings, allowing the family and the facility to report first
- facilitate and co-ordinate referrals to agreed upon services, after discussion with the family and other members of the team
- develop plans to access needed services and revise these plans, based on changing abilities, changing needs and life transitions
- address needs or issues that may arise from the family or from the other members of the team
- ensure the transition to school form is completed

Service Co-ordination

There are many services available for children with additional support needs based on assessed need and resources available. The child care co-ordinator knows the services available in your area. These service providers are experts in areas such as physiotherapy, occupational therapy, speech and language development, autism, fetal alcohol spectrum disorder (FASD), behaviour and play therapy. Some of these agencies and services involved are: Children's disABILITY Services (CdS), Society for Manitobans with Disabilities (SMD), Family Dynamics, hospital services, Rehabilitation Centre for Children (RCC), Canadian National Institute for the Blind (CNIB), Manitoba Centre for the Deaf, Specialized Services for Children and Youth (SSCY) and the Children's Therapy Initiative (CTI).

Each service provider addresses a specific area of the child's development. The occupational therapist (OT) may encourage the development of fine motor, sensory, or self-care skills. The physiotherapist (PT) may work on movement, positioning and handling, or mobility, such as rolling, crawling or walking. The speech-language pathologist promotes the child's ability to use and understand speech and language. Because areas of development overlap, the goals in each child's individual program plan will be developed together by the child's family, service providers and the child care facility staff.

Families know their children. Service providers know specific interventions and therapies. Child care staff and providers know their program. The service provider will work with the team to develop the best strategy to help the child.

Program Planning

Program planning should consider all services provided for the child. The child care facility will choose a representative to work with team members during visits or to attend meetings. This person is responsible for sharing information with co-workers, so all staff is aware of the child's goals and needed supports.

Intake Meetings

Families are encouraged to visit the child care facility as often as possible before the Intake Meeting. This will help their child become comfortable in the program's environment. It will also allow family members to share information with the staff or provider.

When the child has been registered in a child care facility, a date and time for an Intake Meeting is set by the case manager. If the case manager is not yet assigned, the child care co-ordinator will set the meeting. The purpose of the Intake Meeting is for all team members to share information. The case manager should be assigned, if necessary, and duties reviewed during the intake meeting. This meeting should be held before the child's start date, or shortly after, to ensure a smooth transition into the child care facility. All members of the team should attend the intake meeting, if possible.

Individual Program Plans

All team members work together to develop the child's Individual Program Plan (IPP). This plan outlines goals and supports developed by all team members. It also notes who will provide the resources to meet those goals. All team members should work to ensure that the child is receiving the support necessary to meet IPP goals, while receiving an inclusive child care experience.

During the intake meeting, a planning process will identify goals for the child that will be written in the IPP. Goals build on the child's strengths, so each IPP will be unique to each child. Each team member will receive a copy of the IPP, if the child's parents approve.

The IPP must be reviewed and updated at least once a year because children's needs change as they grow and develop. The child care facility records the changes to the IPP throughout the year. The facility must keep a copy of the most recent IPP on file.

Review Meetings

A review meeting occurs at least once a year and is organized and led by the case manager. At these meetings, the IPP is reviewed and revised. All team members should be present at the intake and review meetings, if possible.

Transition Planning

Transitions happen when a child moves from infant to preschool care or from preschool to school age care. Transitions also happen when a child begins school or when they become a teenager. As upcoming transitions are identified, a plan to help with the transition should be developed with enough time for the child to adjust to the change.

School Entry

Guidelines for Early Childhood Transition to School for Children with Special Needs is available at www.manitoba.ca/childcare, under Publications. Use this guide when preparing the child's plan for school entry. The guidelines are based on the principle that those who know the child well – their family, the child care facility and early intervention support agencies – are the most effective people to work with school division personnel to ensure a smooth transition into the school system. When a child is ready to enter the school system, the case manager ensures that all necessary documentation is sent to the appropriate school division of choice, upon approval from the child's parents. Necessary documentation should be sent to the division in January before the child's first school year.

Benefits include:

- involving parents in the transition, including choosing programs and services
- parents participating in a step-by-step process to help relieve anxiety and stress for the family
- intervention services that continue from preschool to school
- consistent interventions that suit the child's development and learning
- preparing the school to meet the child's needs, including professional development for staff, personnel and environmental changes

All team members help in the transition to school. Because school-based services replace early intervention supports once the child begins school, it is important for the facility to establish a working relationship with school resource personnel. This way, program goals are developed and maintained between the school and the school age facility.

Transition from Child Care

One of the important transitions takes place when a child turns 13. Although peers are no longer eligible for child care services, the family of a child with additional support needs may feel that some type of care is still needed. During the review meeting before the child's 11th birthday, a transition plan for alternate care, if needed, should begin. This ensures that the child's needs are met once the child turns 13. Among the considerations for the transition plan:

- Is care still needed?
- What other types of care are available?
- What will best meet the needs of the child at age 13?

For More Information

If you have any questions about the Inclusion Support Program, contact your child care co-ordinator or Child Care Information Services at 204-945-0776; or toll free at 1-888-213-4754.